

Enroll your child for a free monthly book!



Dolly Parton's Imagination Library of Ohio mails kids one free book each month until their 5th birthday. Any child in Ohio between birth and age 5 can enroll.

How It Works:

- Enroll your child at OhiolmaginationLibrary.org.
- In 6-8 weeks, your child will receive the first book in the mail.
- Siblings under the age of 5 are all eligible and should be enrolled!

It's Easy!



Go to OhiolmaginationLibrary.org to start your child's free monthly book delivery!

Why It's Important:

- Brain science shows that a child's brain is already 80% developed by 3 years old.
- Through reading, children begin to learn words and sounds, recognize pictures, and understand emotions.

In Partnership With



United Way
of Trumbull County



IMAGINATION LIBRARY FOR TRUMBULL COUNTY
MAIL-IN REGISTRATION FORM
 or register online at
www.unitedwaytrumbull.org/imaginationlibrary

Child's Name: _____ Age: _____
Last Name Middle Initial First Name (ages birth to 4 yrs.)

Child's Date of Birth: ____/____/____ Gender (circle one): M F

Parent/Caregiver's Name: _____
First Last

Parent/Caregiver's Name: _____
First Last

Phone: ____ - ____ - ____ Email Address: _____
You will be notified by email once your child's age and address has been verified.

Mailing Address: _____

City State Zip Code

Second Address: _____
(If registered by someone other than a parent or guardian)

City State Zip Code

How did you hear about the Imagination Library in Trumbull County? _____

I hereby consent to allow United Way of Trumbull County and the Dollywood Foundation Inc. to use the information provided herein for the purposes of participating in the **Ohio Governor's Imagination Library FREE book gifting program**. To measure the benefits of this program, we may create data sets with the information provided herein and share this data with research and educational advancement partners. You agree to review our full Terms & Conditions and Privacy Policy by visiting imaginationlibrary.com. By signing and submitting this form, you expressly consent to the terms set forth herein.

Authorized Adult Signature: _____ Date _____

RETURN TO:
United Way of Trumbull County
c/o Imagination Library
295 Harmon Ave. NW
Warren, Ohio 44483-4804

FOR OFFICE USE ONLY:

Notes: _____

 Date Received

 Date Entered

 Initials